



GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS,
SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS
237 Coliseum Drive
Macon, Georgia 31217-3858
(478) 207-2440 [Telephone] *(866) 888-7130 [Fax]
www.sos.state.ga.us/plb/counselors

MARRIAGE AND FAMILY THERAPIST
PRACTICUM/INTERNSHIP - MISSING OR DECEASED SUPERVISOR AFFIDAVIT
FORM C

INSTRUCTIONS: Please type or print clearly. **NO FAXED FORM ACCEPTED**

APPLICANTS:

- Make every effort to locate the supervisor(s)/instructor(s) of record as necessary to document the required Practicum/Internship Experience.
- You may show your diligence with returned mail, copies of letters, verifications from your academic institution, etc.
- If, however, after a diligent search you are unable to locate the supervisor(s), you may attest to undocumented supervision of practicum/internship by taking the Oath below.
- The Board may require additional information upon review.

OATH

Under penalty of perjury as provided in the Official Code of Georgia Annotated, I hereby aver and swear that I was unsuccessful, after I made a diligent effort, to locate the supervisor below.

Name of Supervisor: _____

who served as my Practicum/Internship Supervisor in the practice of Marriage and Family Therapy

during the period of : _____ to _____
Month/Year Month/Year

and during that period he/she was licensed as a:

- ☐ Marriage and Family Therapist
- ☐ Professional Counselor
- ☐ Clinical Social Worker
- ☐ Psychologist
- ☐ Psychiatrist

License Number: _____ In the State of : _____

I have attached copies of letters and/or returned mail that demonstrate my attempt(s) to reach this supervisor.

Date

Signature of Applicant

Sworn to and subscribed before me this
_____ day of _____, _____.

Printed Name

Notary Public
My Commission Expires:

NOTARY SEAL